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SICIANS should statement classified. 4 S properly INK supplied. pe UNFADING may that pinous plain E

certificate. o back Instructions DEATH Item OF Important. CAUSE m

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in St:Ward) a hospital or institution. give its NAME Instead of street and number. I Elizasest MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month (Day ORDIVDRCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day) If LESS than TAGE and that death occurred on the date stated above, st 8-30 almos 1 dey hrs. DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, prefession, or from particular kind of work (b) General neture of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) Charles Coun 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 DR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER yrs. mos. ds. State yrs. mos. Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURHAL OR REMOVAL DATE OF BURIAL 29 UNDERTAKER ADDRESS ż If more blanks are needed, address State Registrar, 6 E. Frankin St., Baito., Requesting V. S. No. 1.

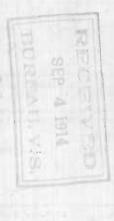
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[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The statement. it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion, (name origin; "Can-The nature of the Never report Examples:



No. ζ<u>Ω</u>

Filed Cry 18 1914

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very Exact statement stated EXACTLY. properly classified. AGE carefully supplied. Every Item of Information should be CAUSE OF DEATH in plain terma, s See Instructions on back DEATH in plain Important. 8 ż

7773 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Co	unty	Registration Dist. No. 104
Vii	iage or City Ussue (No, Yorker)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Slack Slock Single, WARRIED, WIDOWED, OR PHYORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH (North) (Day (Year)	that I last saw h alive on , 191
TA		and that death occurred on the date stated above, at
(a pa (b	CCUPATION) Trade, profession, or irticular kind of work	J. Musth
Wh	IRTHPLACE (State or country) Charles Co	Contributory Secondary
STA	10 NAME OF FATHER Scawner Strawner	(Signed) Burnard & Resy J. P., and Andrews) Flavor J. P., and Andrews Flavor J. P.
PAREN	12 MAIDEN NAME OF MOTHER Winis Collars	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN' CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
14 .	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds
	(Informant) Brawn	If not at place of death?
15	(Address)	aft with Callate Centry aget 14 1916

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. N. B.

PLACE OF DEATH 7774

Village or City



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 10

10 1	7-	0
Ovo Ksen	12	-
	10,	

....St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Scharlott Briscos

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE SMELT, MADRIED, WIDOWED, WIDOWED, ORDINOCETO (Write the word)	16 DATE OF DEATH ON 1914 (Month) (Day (Year)		
ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
Mhrown mek	, 191, to, 191		
(Month) (Day (Year)	that I last saw hallve on191		
GE / If LESS tha	The state of the s		
out 96 yrs ds. 1 day,hr	S. The CAUSE OF DEATH* was as follows:		
CCUPATION			
Trade, profession, or July Thouse nor Tricular kind of work	13		
General nature of industry,	4nnn-2444-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
iness, or establishment in ch employed (or employer)	(Ouration) — yrs mos 2/ds.		
RTHPLACE A	Contributory		
(State or country)	Secondary		
10 NAME OF	(Doration) yrs mos ds.		
FATHER	- (Signed) . Theref. Zi cal for		
11 BIRTHPLACE	- and 13 bullion to the		
OF FATHER (State or country)	9, 191 (Address) 1 to Very 734		
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.		
OF MOTHER MILEN			
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds		
HE ABOVE IS THUE TO THE BEST OF MAN KNOWLEDGE	Where was disease contracted,		
A The second sec	/ If not at place of death?		
(Informant)	Former or usual residence		
Mewburg m			
(Address)	- Ohilot la 1- 8-12		
813. 1 7/1 20 7/	20 UNDERTAKER ADDRESS		
1914	ADDRESS .		
COPEL REGISTRAN	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," (6)

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WRITE

V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[It death occurred is a hospital or institution, give its NAME instead of street and nomber.]

-rull name	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Color Colo	(Monch) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 / to
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Firmer or
(Address) The Coille Sm. 16 Filed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A M C Church Clef 14, 191 4 20 UNDERTAKEN ADDRESS
REGISTRAR If more blanks are needed address State Parts	trank to bounding st Palls
at more blanks are needed, address State Regist	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

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S. No. 1.

PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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County	100	cast	car

7776



STATE OF MARYLAND CERTIFICATE OF DEATH

1 nehs

Registration	Dist.	No.

٧	'illiage or City XI aldory (No. (No. (No. (No. (No. (No. (No. (No.	St; Ward)	[If death occurred in a hospital or Institution give its NAME losteau of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E	EATH
7/2	Exuale Colored Colored Ordinates	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I st	25, 1914 (Day) (Year)
	(Month) (Day) (Year)	that I last saw halive on	191
7 A	70 yrs	and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, at J. m.
(a pa (b) bus	OCCUPATION) Frade, profession, or focuse of industry, ciness, or establishment in lich employed (or employer)	Subereulosis of the - (Duration)	yrs. mos. ds.
9 B	IRTHPLACE tate or country) Md 10 NAME OF FATHER MINIMATERIAL OF THE MINIMATERIAL OF	(Signed) Morrias M. Kalka	yrs mos ds
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in CAUSES, State (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL	leaths from VIOLENT
P/	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State	TITUTIONS, TRANSIENTS,
	(Informant) ON ONO CONTROL OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
15 FII	Seal REGISTRAR	How Wesley Crunting	128 , 1914. Dodress aldorf
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto. Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914
BURFALLY.S.

MARGIN

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 1	PLA	CE	OF	DEAT
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

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0000	J	t.:	WY	arg)

[If deeth occurred in e hospital or institution, give its NAME instead of street and number]

2FULL NAME Casely	oonless of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH March 4, 1917 (Month) (Day (Year)	17 I HEREBY CERTIEY, That I strended deceased from 191 4 to 3 191 4 to 3 191 4 that I last saw has slive on and a 191 4
7 AGE If LESS than 1 day,	and that dasth occurred on the date stated above, at
a) Trada, profession, or particuler kind of work. (b) General nature of industry, business, or esteblishment in which employed (or employer)	(Duration) yrs mos / ds.
*BIRTHPLACE (State or country) Chas Co	Gentributory Lia Colitie + Threet
10 NAME OF FATHER Joseph Coombs 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Doration) yrs mos J.S. ds. (Signed) A Selley M. D. (Address) A Selley M. D.
of MOTHER Mary Water	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At piece in the of death yrs. mos. ds. Stete yrs. mos. ds
(informent) asefoli Cxomb	If not et place of death? Former or usual residence
(Address) Jan Action	Saery Seas Cem Auto 77, 1914 20 UNDERTAKER ADDRESS
Filed 191 191 Registrar	Joseph Combe Toll

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

inus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenitat," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrbage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIPAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For vio-



of information should be earefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WITH UNFADING INK-THIS IS Every item of information should be GAUSE OF DEATH in plain terms, so important. See instructions on back of PLAINLY, WRITE

1 PLACE OF DEATH E harles

County.



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

		Registration Dist, No.
Vil	Prull NAME fames Es	St.; Ward) [if death occurred is a hospital or institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Gug 29 ,1914 (Year)
6 D	ATE OF BIRTH Sur 25, 19/3 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sing 28, 191 4, to 25, 191 4 that I last saw h == alive on 28, 1914
⁷ A		and that death occurred on the date atsted above, at m The GAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION Trade, profession, or riticular kind of work 2	(Duration) yrs 3 mos es
_	RTHPLACE (State or country) Balling ned	Gontributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) yrs mos ds (Signed) John S. Burger, M. D Aug 29, 1914 (Address) Za Plata 2ud *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Q.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lucey OF MOTHER OTHER OT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place the the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or
15	(Address) Za orata mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PANAL PLANT CHILL AUG. 30, 1914

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucissis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," mere symptoms or terminal conditions, such as "Asralvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For VIO-



N. B.

		harles	7779	60	STATE OF I	
	Village or C	ity Possess	hy (1	No.	Regis	
	² FUL	L NAME GO	lelie	6 raig		
	PERSO	NAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL CERTIFICATE	-
38	sex Lemale	4 COLOR OR RACE	MARRIED, M WIDOWEO, ORDIVORCEO (Write the WOI		16 DATE OF DEATH	
6 (DATE OF BIRT	huchum	× C	, 1865-	17 I HEREBY GERTIFY, The	2
6 o (a pa	OCCUPATION 1) Trada, protession articular kind of we 3) General nature o siness, or estabil	ork // June 7		(Year) It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows Chilmelian Caully and the company of the comp	te:
Wh	ich employed (or i	omplayer)		_	Contributory (Secondary)	
PARENTS	10 NAME OF FATHER 11 BIRTHPLA OF FATH (State or co	Charles ACE ER BUILTY) Char NAME HER	Alan	hus.	(Signed) (Si	r,
	13 BIRTHPLA OF MOTH (State or co	ce er untry) 6ho			18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs	
	(lotormant)	homas	X Char		Where wes disease contracted, If not at place of dealh? Former or usual residence	
15 File	a any 7			Estal	Pornonkey 20 UNDERTAKER Torn Malvorrey	
	If me	ere blanks are needed,	address State I	Registrar, 6 E.	Franklin St., Balto., Requesting V. No. 1	1.

STATE OF MARYLAND RTIFICATE OF DEATH

Registered No.

.....St ;.....Ward)

[It death occurred to a hospital or Institution, give Its NAME Instead of street and number.]

			E OF DEAT	Н
16 DATE OF	DEATH		-	
	***************************************	aug		25-, 1914
	A LOTT TO SERVICE	(Mont	h) (D	ay) (Year)
17	I HEREBY			d deceased in
Co	h 1		2	
	4 2 4 19			
that I last sa	aw h cz alin	veon au	co 2h	
and that dea	th occurred or	n the date sta	ted above, s	6-20a
The CAUSE	OF DEATH .	was as follow	S.:	,
	Charles .			- 4
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Conu	mlu	7.	*******************	
		100000000000000000000000000000000000000	******************	
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Signed)	0.25 2	(Duration)	yrs	mosd
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ange	S, 191 4. (Ad	autoh dress) Inc	ecc_	Wead h
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State the CAUSES, State TAL, SUICITE OF RECENT	e DISEASE CAUS	dress) Juc sing Death, of Injury;	Conc or, in deaths and (2) who	from VIOLENT
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*State the CAUSES, state the C	e DISEASD CAUCHE (1) MEANS DAL, OF HOMICE RESIDENCE RESIDENCE RESIDENCE SE CONTRACTED	dress) Sine Death, of Injury; DAL. (FOR HOSPITAL	Con Sor, In deaths and (2) whe	from Violent ther Acciden
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State the CAUSES, state TAL, SUICIT TALL, SU	A., 191 4. (Addition, 1914). (dress) Size Sing Death, of Injury; DAL. (FOR HOSPITA In the	or, in deaths and (2) whe	from VIOLENT ther ACCIDENT TRANSIENTS MOS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. neation, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuber pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Never report Examples: For vio-



No. 00

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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.Ward)

[It death occurred in a hospital or institution, givo its NAME instead ot street and number.]

FULL NAME A POTOU OCO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Sefat, 19 (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from Jacky 1913 to Aug 7 th that I last saw h List alive on Aug 7 th 1914
ZAGE 2 / yrs /0 mos /8 ds. OR min.?	and that death occurred on the date stated above, at 8, 20 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	This palient was treated at State
(b) General nature of industry, business, or establishment in which amployed (or employer)	(Duration) yrs. 8 mos 18.
9 BIRTHPLACE (State or country) Md	Secondary (Borotlan)
11 BIRTHPLACE 11 BIRTHPLACE OF FATHER	(Signed) Dearle M. D. (Signed) Dearle M. D. (Address) Laylow 2nd
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Congland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
(Informant) Charles to Dent	Where was disease contracted, It not at place of death? Former or usual residence
16 GUES 200 Holl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO THE SURVEY GRAND ADDRESS 20 UNDERTAKER ADDRESS
Filed 51914 Months	ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucissis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic nus," "Oid Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canlnjury, as fracture of skull, and cousequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FI6T P d3S

MARGIN RESERVED FOR BINDING

S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 7781	STATE OF MARYLAND CERTIFICATE OF DEATH
County Malle	121
	Registration Dist. No.
Village or City Chancelle (No.)	St.; Ward) [If death occurred is a hospital or institution give-lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	3 S. MEDICAL CERTIFICATE OF DEATH
Reale Black Single, Widowd ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Year) 17 (Mereby Certify, That attended deceased from
GOATE OF BIRTH Oct. 2 1836	July 1914, 10 any 1914
7 AGE (Month) 7 (Day) (Year)	and that death occurred on the date stated above, at 4 P. m.
78 yrs. 10 mos. 1 ds. 0R. mln.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	" nephritie
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Charles Co. And,	(Secondary) (Doration) yrs mes ds
FATHER William Dogme	(Signor) Jean C. Bickwell N.D.
11: BIRTHPLACE OF FATHER (State or country) Charles Co. Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
of Mother Unknown	48 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
13 BIRTHPLACE GOF MOTHER (State of country) Clearles Ce, And;	At place In the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
informant)	usual residence
Ad r (Address) Levousials, Mile Ges	One of solitation removal bare of Bornal
Filed Aug + 3 , 1914 PA Sucherland	20 UNDERTAKER ADDRESS UM Lide
If more blanks are needed, address State Registra.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia;, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubsis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scotichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



1 PLACE OF DEATH 7782 County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 0.6
Village or City Przewskieg (No	St; Ward) [If death occurred a hospital or instituting give its NAME instended of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, Marriece WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mond) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH June 20 , 1878 (Month) (Day) (Year)	ang 18th, 1914, to ang 2811, 1914, that I last saw have allve on any 28 ,1914
7 AGE If LESS than t day, hrs. ORmin.?	and that death occurred on the date stated above, at 730.00, n The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 AIRTHPLACE (State or country)	Contributory Wesser has grant for (Secondary) (Duration) yrs
11 BIRTHERACE OFFATHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Prince Sec. 60 14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) At place In the of death yrs. mas. ds. State yrs. mos. d Where was disease contracted,
(Informant) Dermand M. Doewne. (Address) Tomonkey, M.g.,	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191/1
Filed Ing. 29, 1914 Jo marshall Sevent RECISTRAR	albut Formay Fa Plala

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; nant neoplasms); Measles; Whooping cough; Chrimic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



AGE

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DEATH

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SICIANS should occupation is See CAUSE OF Important. S

1 PLACE OF DEATH County Co has Village or City...... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month) 7 AGE 16 yrs 2 mos 2-1 ds.

(Year)

If LESS than

1 day,....hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 105

St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead
	of street and number.

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs mos. Where was disease contracted. if not at place of death?... Former or usual residence.

OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balfd., Requesting V. S. No. 1.

6 SINGLE.

MARRIED. WIDOWED,

(Write the word)

(Day

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. it should be used only when needed. cases, especially in industrial employments, it is necshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause of death approved by Committee on Nomencla-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for For vio-



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RECORD PERMANENT UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION Is very statement stated EXACTLY. properly classified. pinode AGE carefully supplied. that It may be of information should be of DEATH in plain terms, so See instructions on back of WRITE PLAINLY, CAUSE OF important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

.Ward) St .:..

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

TE OF BURIAL

	MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF	DEATH	Stell (Month)	(Day)	7.791 (Year)
17	1 HEREBY	CERTIFY, That I		
~~~***		91, to		191
that I last se	aw hal	lve on		, 191
and that dea	th occurred o	on the date stated a	bove, at	<b>г</b>
The CAUSE	OF DEATH*	was as follows:		
-05	all (	130000		
		<b></b>		
•••••••••••••••••••••••••••••••••••••••				
•••••••		(Quration)	VFO	
		(Duration)	yrs,m	108
Contribu (Seconda	tory	(Duration)	yrs,m	008
	tory	•••••••••••••••••••••••••••••••••••••••	*****************	
(Seconda	tory	(Duration)	yrsm	108
(Seconda	(tory (ry)	(Duration)	yrs m	10s
(Seconda	(tory (ry)	(Duration)	yrs m	10s
(Signed)	(tory (ry)) (F) (F) (8, 1914)	Duration)  Partha  Address) For	yrs m Ll So !	R. M.
(Seconda (Signed)	tory (ry)	Address) F or h	yrs m	10s M.
(Signed) (Signed) (Signed) (State till CAUSES, state till CAUSES, state, SUICE	tory (he DISEASE Cate (1) MEAN (DAL, OF HOME	Address) Toral Address) Toral Address) Address of Injury; and CIDAL.	yrs m	N. M.
(Signed) State of CAUSES, BY TAL, SUICE OR RECEN	tory (he DISEASE Cate (1) MEAN (DAL, OF HOME	Address) F OTAL AUSTING DEATH, OF, IN 188 OF INJURY; and CIDAL.  CE (FOR HOSPITALS, I	yrs m	N. M.
(Signed) (Si	tory	Address) Tonal  Address) Tonal  AUSING DEATH, or, in the cidal.	yrs m  LL So 1  a deaths from (2) whether	N. M. Tery  O VIOLENT  ACCIDENT
(Signed) State ti CAUSES, at TAL, SUICE 1B LENGTH OR RECEN At place of death	tory	Address) F OTAL AUSTING DEATH, OF, IN 188 OF INJURY; and CIDAL.  CE (FOR HOSPITALS, I	yrs m  LL So 1  a deaths from (2) whether	No. M. Tery  No. M. Accident

	2FULL NAME Stell Boom	[Jenken]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 5 5		(Month)  17 I HEREBY CERTIFY, That I atte
6 D	(Month) (Day) (Year)	that I last saw halive on
TAG	SE Still Boom If LESS than 1 day, hrs. or	and that death occurred on the date stated about the CAUSE OF DEATH * was as follows:
(b)	Oenerat nature of industry, iness, or establishment in ich employed (or employer)	Contributory (Secondary)
(8	10 NAME OF GIRL JENKENS	
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.
0	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the of death yrs
14-	(Informant). Possessing.	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Pornular Contractor 20 UNDERTAKER  AD

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or indust, J. and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salesman, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichae etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



### BINDING FOR RESERVED MARGIN

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YSICIANS should state occuPATION is very PHYSICIANS RECORD ō Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe INK-THIS IS pinous AGE supplied. pe UNFADING may oarefully that WITH terms. pinous PLAINLY, piain of information = DEATH WRITE CAUSE OF important.

certificate. of

on back See Instructions

3 SEX

7 AGE

PARENTS

6 DATE OF BIRTH

BOCCUPATION

BIRTHPLACE (State or country)

(a) Trade, profession, or

particular kind of work. (b) General nature of industry,

> 10 NAME OF FATHER

11 BIRTHPLACE

(Address)

business, or establishment in

Wilders Werte the word)

(Day)



(No.....

(Year)

If LESS than

t day,....hrs.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

•				14/		_	-1	١
 3	١.	9	 		æ		ч	,

[it desth occurred la a hospitat or institution,

FULL	NAME	Quine		James
			1	

S SINGLE,

MARRIED,

PERSONAL AND STATISTICAL PARTICULARS

(Month)

mos.

4 COLOR OR RACE

which employed (or employer) .....

1 PLACE OF DEATH

THES	give its NAME Instead of street and comber.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month	9 101 , 1914 (Day) (Year)
17 I HEREBY CERTIFY, Th	at I attanded deceased from
aug 13, 1914, to	aug 13, 191 &
that I last saw h 2 alive on	1 1 3 191 V
and that death occurred on the date sta The CAUSE OF DEATH* was as follow	ted above, at B P. m.
	•
Cx trans	and
(Duration)	yrs. mos. > ds.
Contributory Duling	e e ces
(Secondary)	
(Deration)	yrsmosds.
(Signed)	Ruar , M. D.
Quy 15, 191 4 (Address)	tel altry
State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPIT.	ALS, INSTITUTIONS, TRANSIENTS,
At place - In the	
of death yrs mos ds. Sta Where was disease contracted.	te yrs, mos ds.
it not at pisce of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Thomas black	aug 17, 181 4
20 UNDERTAKER	
VIIDEIIIAILEII	ADDRESS

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Kequesting V. S. No. 1.

. . .

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, etc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomencia: "Contributory." such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of mny be stated under the head terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples: For viod8.;



UNFADING INK-THIS

WRITE PLAINLY, WITH

RECORD

PERMANENT

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very AGE carefully supplied.

that it may be pile certificate. of information should be of DEATH in plain terms, so See instructions on back of CAUSE OF I

1 PLACE OF DEATH Charles

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in

V	2FULL NAME John King	St., ward)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 SE	D	16 DATE OF DEATH (Month)	(Day) , (Year)
6 D	(Month) (Day) (Year)	that I last saw h alive on	191
7 AC	If LESS than	and that death occurred on the date stated abo The CAUSE OF DEATH* was as follows:	ve, atm,
(a) pai (b) bus whi	Trade, profession, or rificular kind of work  General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE tate or country)  Charles  Coo,	Contributory (Secondary)	rs. mos ds.
ARENTS	11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME  C SA  D  A  C  D  A  C  C  C  C  C  C  C  C  C  C  C  C	(Signed) (Address) (Address) (State the Disease Causing Death, or, in death, Suicidal, or Homicidal.	eaths from Violent ) whether Acciden-
4	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS) At place In the ot death	
15	(Informant) & King (Address) fradials Head  (ed G 21922.1914 John P. Marchael	St. Chales	ATE OF BURIAL
	Jeneal REGISTRAR	James FEnny. V	ridian Hes

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. vi.

B.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrbage," "luanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Candeath), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 3 1914 BUREAULY.S.

B. No.

PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.-Every Item CAUSE OF

# Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

 S	t.	 	.W	ar	d)	

[If death occurred in a hospital or institution,

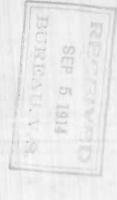
*FULL NAME Millie Ly	les give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH . Qug 26 , 1914 (Month) (Day) (Year)
TAGE  ODATE OF BIRTH  OMONths  (Day)  (Year)  Tage  If LESS than 1 day,hrs.  ORmio.?	that I last saw h alive on , 191 and that death occurred on the date stated above, at , m, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Olivbora Infanteum  (Duratten) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Deration) yrs mos ds.
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Ollowas M. Mullera of 10 (1) (Signed) Ollows M. Mullera of 10 (1) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Al place of death yrs
(Informant)	Where was disease contracted, If oot at place of death?  Former or usual residence
Filed 8/26, 1914 J. M. Helkerson Registran  If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL  LOW Wesley Counting 27 , 1914  20 UNDERTAKER  Hurtt Y Ryan Franklin St. Day Brown Marshall Brown

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), tbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritta oma. Sarcoma. etc., of __ "Contributory." which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maitg-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," (name origin; "Can-State cause for



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carefully supplied. may

See Instructions on back DEATH in plain terms, of Information

CAUSE OF

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16

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

No. **60**  PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.	9	War	d)

[It death eccorred in a hospital or lostitution, give its NAME instead of street and number.]

	*FULL NAME albert hoc	Wiei				
	PERSONAL AND STATISTICAL PARTICULARS					
3 S	EX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, OROIVORGEO (Write the word)	16 DATE OF				
6 D	(Month) (Day) (Year)	that I last as				
TA	bout 70 yrs mes ds OR min.?	and that dea				
(a pa (b) bus whi	OCCUPATION ) Frade, profession, or ricular kind of work.  Deneral nature of industry, ciness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)	Contribu (Seconda				
S	10 NAME OF FATHER No not Know	(Signed)				
Z (State or country) Ned SCAUS						
PA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  16 LENGTON OR RECE At place of death					
147	Informant, John dies	Where was dise if not at place former or usual residence				
	(Address) / Pey out on thed	19 PLACE O				

MEDICA	AL CERTIFICATE OF	DEATH	
16 DATE OF DEATH	//		
B6000000000000000000000000000000000000	(Month)		., 1914
	(Month)	(Day)	(Year)
17 , I HERE	BY CERTIFY, That a	ttended dec	eased from
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NAC , The same of	191		191
that I last aaw h	allygon		
and that death occurred	on the date stated al	bove. at	6 % m
		,	
The CAUSE OF DEATH	* waa aa followa:		
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000000000000000000000000000000000000000	/)		<u></u>
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	in a		
***************************************	(Duration)	yrsm	0\$ds
Contributory			
(Secondary)			4
	(Beritina)	WFC Inc	ne de
	(Deration)		
(Signed)	) Crre	-00	. м п
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, 101	(Address) Tolefas	slow	red
State the Dismagn	CAUSING DEATH, or, In	donthe drow	77.00
CAUSES, State (1) ME	ANS OF INJURY : / and (	2) whether	ACCIDENT
TAL, SUICIDAL, OF HOL	MICIDAL.		

18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

In the

ll	of death yrs mos.	ds.	State	yrs,	mos.	d
l	Where was disease contracted,					
	If not at place of death?	**********			************	000
H	Former or					

19	PLACE	OF	DUDI		0.0	REMOV	
4	FENCE	Or	BUNI	4 6-	Un	REMOV	ML
1	Me	9	711			12	distance.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1/

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, arst line will be sufficient, e. g., applies to each and every person, irrespective of age. minc, etc. material worked on may form part of the second It should be used only when needed. the nature of the business or indust; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the dibrable Causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

should be stated EXACTLY.

Every Item of information should be carefully supplied. ACE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

of information should be

CAUSE OF

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

Coun

PLACE OF DEATH 778	Tall and the			
10	' PLACE OF	DEATH	778	(
	Cla		8 8 0	4



### STATE OF MARYLAND CERTIFICATE OF DEATH

Kegisti	ation	Dist.	NO.

...Ward)

[If death occurred in - a hospital or institution, give its NAME instead of street and number.]

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewsle Color of RACE Single, MARRIED, Single or	16 DATE OF DEATH 10 191 4 (Minth) (Day (Year)
6 DATE OF BIRTH  ROY, 189, (Month) (Day (Year)	Special 1913, to ang 10, 1914.
7 AGE If LESS than 1 day,	and that death occurred on the date atated above, at 230 P,m, The GAUSE OF DEATH* was sa follows:
e OCCUPATION (a) Trade, profession, or particular kind of work.	- were lasted
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF Richard Henry matth.	(Signed) as Edelew, M. D.
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
(State or country)  W 12 MAIDEN NAME OF MOTHER OLIVIA MATE	CAUSES State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Informant) This Mating Freeman	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Ponfret, Mrd,	19 PLYCE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLYCE OF BURIAL OR REMOVAL  19 PLYCE OF BURIAL  19 PLYCE OF BURIAL
Filed any 13, 1914 . M. Meather	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacthenla," "Anaemia" (merely symptomatle), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., sueb, If Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 7790

County

Indian Head

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

If death occurred in hospital or institution, give its NAME Instead of sfreet and number.]

FULL NAME Mellie Louise Moon

*FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WHOOMED, ORDINORED (Write the word)	16 DATE OF DEATH Aug. 23, 1914 (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
March 28, 1914  (Month) (Day (Year)	that I last saw h l alive on Clug 21, 1914
7 AGE   If LESS fhan 1 day,	and that desth occurred on the date stated above, at 4.5.9. m,  The CAUSE OF DEATH* was as follows:  Management Que (Vicinima).
© OCCUPATION  (a) Trade, profession, or particular kind of work	
business, or establishment in which employed (or employer)  PRINTHPLACE (State or country) & has be Md.	Contributory Secondary  Ouration  Ourselion  Ourselion
OF FATHER Malter D. Moon  11 BIRTHPLACE OF FATHER (State or country) Glorgia	(Signed) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
OF FATHER (State or country) Slovgia  12 MAIDEN NAME OF MOTHER Hellie H. Mitchell  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place  In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Malter D. Moese	of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?  Former or usual residence.
Flied (1927, 1914 J. P. Marshall  REGISTRAR	Pomonkey. Md aug 24, 1914.  20 UNDERTAKER  C. D. Carpenter Pisons, Ind.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease cau be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report



### A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[If death occurred in a hospital or institution, give Its NAME tostead of street and number.]

MEDICAL CERTIFICATE OF DEATH
DEATH aug 8th, 19127 (Month) (Day (Year)
I HEREBY CERTIFY, That I attended deceased from
h occurred on the date stated above, at 5 Pm,
DE DEATH* was as follows:
(Ouration) 2 yrs mas. ds.
(Pantin)
(Doration) yrs mos ds,  1. 0.  1914 (Address) La Plata 2nd  the Disease Causing Death, or, in deaths from Violent tet (1) Means of Injury; and (2) whether Accident
AL, OF HOMICIDAL.  OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RESIDENTS)  In the  YES mos ds yes mos ds
ise contracted, t death?
ey Chapel Aug 95, 1814.  ADDRESS  Clarke Salla Requesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report For Vio-



PERMANENT

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state Very PHYSICIANS should of OCCUPATION IS statement classified. should properly supplied. pe may that 80 0 back terms, plain EATH in piain 50 1 Every Item CAUSE OF Important.

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

Ilf death occorred le a hospital or institution,

give its NAME instead of street and comber.] Plaler PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER. (State or country) of death _____ yrs, ____ mos. _ _ ds. State _ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or osual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer eated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, ete. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonacum, etc., Carcin-

which surgical operation was undertaken. mia," "Puerrenal peritonitis," etc. State cause for inus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatle), "Atrophy," ample: Meastes (disease eausing death), 29 de.; affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or mlsearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Puerperal septiehae-For Vio-



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain terms, so Every item CAUSE OF important. STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 15

Village or City Powerschuy (No.

Tourn

[It death occurred in a hospital or institution, give its NAME instead ot street and number.]

St; .....Ward)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORONORCO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY That I attended deceased from
Company (Month) (Day) (Year)	that I last saw halive on, 191
yrs. 4 mos. ds. OR min.?	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos ds.  Contributory (Secondary)
10 NAME OF FATHER COLLY Trees.  11 BIRTHPLACE OF FATHER (State or country)  2 (State or country)  2 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Africa Dicardial No. 1917 (Address) Porcollary  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clory Chesley  13 BIRTHPLACE OF MOTHER (State or country)  MA  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS: INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the other controls of death yrs, mos. ds. State yrs, mos. ds
(Informant)	Where was disease contracted, it not at place of death?  Former or usual residence
(Address) Diag & Diag Registrar	20 UNDERTAKENT OF BOUNDER OF BURIAL  20 UNDERTAKENT OF STATE OF BURIAL  20 UNDERTAKENT OF STATE OF BURIAL  E. Franklin St. Balto Paguatina V. S. No. 1

[Approved by U. S. Census and American Public Realth Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING nEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

dent; Revolver wound of had-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrenal scottehae. mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asampic: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _______ (name origin; "Can-zer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." schsis, tctanus) by earbolic acid-probably suicide. The nature of the -Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhanstion," death), 29 ds. State cause for Examples:

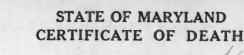
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH



Registration Dist. No.

.....Ward)

[If death occurred to a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color of RACE Single,  MARRIED, WIDOWED, WIDOWED, WIDOWED, WIPOWED (Write the word)	16 DATE OF DEATH  (Youth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
March 6? 41914.  (Month) (Day (Year)	Inc. 15, 1914, to ang 7, 1914, that I last saw h 12 alive on Jul. 15, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at // P. m.  The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs nos. 25 ds.
State or country)	Contributory Secondary  (Doration)
10 NAME OF Richard Thomas  11 BIRTHPLACE OF FATHER WAS A TO	(Signed) Jas J Edelew , M. D. hang 8, 191 4 (Address) La Plata -
OF FATHER (State or country) Washington, DC.  12 MAIDEN NAME Matilda Miller  OF MOTHER Matilda Miller	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Richard Thomas	If not at place of death?
16 Flied Jug 8, 1914 Kathrys J. Cox	20 UNDERTAKER GATHYS  ADBRESS  ADBRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. causing nearit, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the For persons The

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MARGIN RESERVED FOR BINDING

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT classified. INK-THIS properly AGE supplisd. pe UNFADING may terms. hould plain Information c 7 DEATH 10

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fit death occurred to Ward) a hospital or institution. give its NAME instead at street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) Write the word) I HEREBY CERTIFY. That I sttended decessed from 17 6 DATE OF BIRTH Month (Day) It LESS than TAGE and that death occurred on the date stated above, at .... 9. 1 day ..... hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, prefession, or particular kind of work... (b) Beneral nature of industry. business, or establishment in which employed (or employer) ..... Contributory. certificate. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 90 back 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country ..... yrs. ..... mos. ..... ds. State ...... yrs, ____ Where was disease contracted. it not at place of death? Former or usual residence. OF mportant. DATE OF BURIAL CAUSE (Address) 15 20 UNDERTAKER ADDRESS Filed an If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as essary to know For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning: Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OGGUPATION is very

N. B.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

	Regis	stration Dist.	No.
illage or City La Platon		· Ward)	[If death occur

rred in a hospitai or institutioo, give its NAME instead of street and number.]

2FULL NAME / ATY MALES			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5	emale colored single, MARRIEO, WIGOWEO, ORDIVORCED (Wrife the word)	16 DATE OF DEATH GOOD (Nonth) (Day (Year)	
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY That I attended decessed from	
	(Month) (Day (Year)	that I lest saw h & aliva on June 28, 191 %	
TA	GE If LESS than	and that death occurred on the data stated above, at 7:30 Gr. m.	
	24 / 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
8.	yrsds.   ORmin. ?	Cardias ( weekness	
(a)	CCUPATION ) Trade, profession, or relicular kind of work	I for law to	
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos 4 ds.	
	(State or country)	Gentributory Caches in General Secondary	
	10 NAME OF FATHER Wat Fundle	(Signed) (Si	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Char	State the Disease Causing Death, or, in deaths from Violent	
	12 MAIDEN NAME	TAL, SUICIDAL, or HOMICIDAL.	
Д	13 BIRTHPLACE OF MOTHER (State or country)  Char. d.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds	
	(Interment)	Where was disease contracted, If not at place of death?  Former or usual residence	
	(Address) La Telala	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	Bus 9 Martinery ( Car)	Drices Chapel	
File	191 7 Company Transfer REGISTRAR	Jamas V Juni Case	
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," The nature of the "Exhaustion," Never report For VIO-



S. No. 1.

N. 18.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[if death occ a hospital or in:

urred in

VII	age or City (No	St.; Ward) a hospital or institution,
	FULL NAME John &	Welch give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	1 ale White Single, wipower, wipower, or oppose (Write the word)	(Month (Day (Year)
6 D	Movember 27, 1911 (Month) (Day (Year)	Cinqued 21, 1914, to Ging . 28, 1914, that I list saw h Lin allve on Que . 28, 1914
7 A	2 yrs 9 mos ds. OR min.?	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a	CCUPATION ITrade, profession, or ficular kind of work	acute Parenchy matous Mephritis
bus	General nature of industry, iness, or establishment in ch employed (or employer)	Gontributory alightheria mos ds.
9 B	(State or country.) Chas. Co. Md.	Secondary (Ourafion) yrs mos ds.
S	10 NAME OF HENRY L. Welch	(Styned) G. Bicknell, M. O.
<b>ARENT</b>	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  1 MAID	*State the DISEASE CAUSING DEATH; of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTY
PA	OF MOTHER Lusan L. Welch	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Chas, Co. Md.	At place in the of death yrs mos ds. State yrs mos ds
	(Interment) The Best of My Knowledge	Where was disease contracted, If not at place of death?  Former or  usual residence
	(Address) Pisjah Md.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 Fil	ed ang. 29, 1914 J. a. Southerland	C. D. Carnenter Roach Md.
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., kalto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease cansing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent wither correspondence. All the data it essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.

BUREAU. V.

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state OCCUPATION IS Very pinous PHYSICIANS RECORD ō statement PERMANENT EXACTLY. Exac stated properly classified. 4 pe pinous -THIS AGE INK supplied. pe UNFADING may certificate. carefully that It 20 9 WITH pe DEATH in plain terms, on back Information should PLAINLY Instructions See Jo Every Item CAUSE OF Important. m

SEX

7 AGE

PARENT

15

6 DATE OF BIRTH

BOCCUPATION

(a) Frade, profession, or

particular kind of work. (b) General nature of Industry,

business, or establishment in

which employed (or employer) 9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

(Address) --

OF MOTHER 13 BIRTHPLACE OF MOTHER State or country)

5 SINGLE.

MARRIED, WIDOWED,

ORDIVORCED (Write the word)

(Day)

(Year)

If LESS than

1 day, .....hrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

PERSONAL AND STATISTICAL PARTICULARS

(Month)

LOR OR RACE



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Diet No ///

	St; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
	18 DATE OF DEATH (Moy. 17, 1914 (Mon(b) (Day) (Year)
-	17 Cludy 17, 191 H, to 1911, 191, 191, 191, 191, 191, 191, 19
-	that I isst saw h lalive on Org 17 1914
	and that death occurred on the date stated above, at 3 P. m.
	The CAUSE OF DEATH * was as follows:
	Contributory (Secondary)
	(Signed) Q. C. Bickrull, M. D. Quey 18, 70; H. (Address) Prayah Md
-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place 10 the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death? Former or
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pizqan Char. Co. ma aug. 18, 1914
	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral scptichaccause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malicoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



MARGIN

B. No.

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PHYSICIANS should state of OCCUPATION is very RECORD e carefully supplied. AGE should be stated EXAGTLY. I so that it may be properly classified. Exact statement PERMANENT EXACTLY. 4 THIS AGE INK UNFADING of certificate. WITH pe See instructions on back pinoda PLAINLY, of information WRITE CAUSE OF Important. S

PARENT

15

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(Address)

OF MOTHER

EST OF

County PLACE OF BEATH 7799	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 3
Village or Sity Clamica (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORED WORTH	16 DATE OF DEATH  (Month) (Day) (Year)  1 HEREBY CERTIFY. That I attended deceased from
TAGE  S DATE OF BIRTH  WWW 281,  (Month) (Day)  (Tear)  TAGE  If LESS than	that fast saw head, alive on
mos. 25 ds. or min.?	The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 1 mos. 7/5cs.
9 BIRTHPLACE (State or country)	(Signed Hause's Command of the Comma
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING PRATE, OF In deaths from VIOLENT

*State the DISEASE CAUSING FORTH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR H	OSPITALS. INSTITUTIONS, TRANSIENTS
At place of death yrs mos ds. Where was disease contracted,	In the State yrs, mcs ds

If not at place of death?. Former or

usual residence

19 PLACE OF BURIAL OF REMOVAL	DATE OF BURIAL
70/ 1/1/	Acres 1.
Vouser Guaha	
20 UNDERTAKER - OFTING	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. 8. Census and American Public Health
Association.]

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mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-



### MARGIN

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of Information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. UNFADING INK-THIS See Instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. S 1 PLACE OF DEATH

Village or City

7800

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; -Ward) [it death occorred in a hospital or institution, give its NAME Instead of street and nomber.]

	²FUL	L NAME / JEmy	anna
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
38	nale	Colored (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH  (Mouth) (Day (Year)			The first I lead agout he to allow any
TAGE  alout 5  yrs mos ds OR min.?			The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Laline particular kind of work			Dunstrope
(b) General nature of Indostry, business, or establishment in which employed (or employer) — Day Lalence			(Buration) And den mos
(State or country) Wharles les			Contributory Secondary  (Doration)yrsmosds_
PARENTS	10 NAME OF FATHER	John young	(Signed) Thuo, S. Owen, H. O.
	11 BIRTHPLACE OF FATHER (State or country) Coleanles too  12 MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLA OF MOTH (State or	ACE (Secontry) lebap, les	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted,
	(Informant)	Walter Throwas	If not at place of death?  Former or  usual residence
16	(Address)	La Plata med	19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL  Aug 22 181 +
Fil	ed Muss.	22 1914 / alleryn / (2)	29 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.



# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The (4)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlou," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Measles (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report For VIO-

